New Nouveau
Brunswick
Health and Community Services

Rehabilitation Services Plan Monitoring
GUIDELINES

- Extra-Mural Program Community Rehabilitation Pools
- Outpatient Rehabilitation Services

101-05818/

REHABILITATION SERVICES PLAN

REHABILITATION SERVICES PLAN MONITORING GUIDELINES

New Brunswick

Health and
Community Services

September 1997

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1.0 Preamble

This document presents the guidelines for monitoring the implementation of the Rehabilitation Services Plan. The guidelines are directed to those who will be responsible for the collection and management of monitoring information in the hospital outpatient rehabilitation services and the Extra-Mural Program Community Pools.

Additional information regarding the Priority Rating Scale (PRS) can be found in the "User Guide for the Priority Rating Scale." Additional information regarding the rehabilitation service delivery process are detailed in the "Rehabilitation Service Delivery Guidelines." These documents are available from the Department of Health and Community Services.

Below is a list of acronyms that are referenced in this document.

AUD	Audiology
CIHI	Canadian Institute for Health Information
DHCS	Department of Health & Community Services
EMP	Extra-Mural Program
FCSS	Family & Community Social Services
OPD	Outpatient Rehabilitation Services
OT	Occupational Therapy
PSS	Program Support Services
PRS	Priority Rating Scale
PT	Physiotherapy
RHC	Region Hospital Corporation
RSP	Rehabilitation Services Plan
SLP	Speech Language Pathology
SSE	Support Services to Education

2.0 Introduction

2.1 Description of the RSP Monitoring System

The RSP Monitoring System is a database of information which describes the delivery of rehabilitation services in each region as well as across the province. This information will be stored centrally and analyzed monthly.

2.2 Purpose of the RSP Monitoring System

The RSP Monitoring System has been designed:

1- To determine if the short-term goals of the Rehabilitation Services Plan have been met

2- To identify opportunities to improve the delivery of rehabilitation services during the initial implementation of the Rehabilitation Services Plan

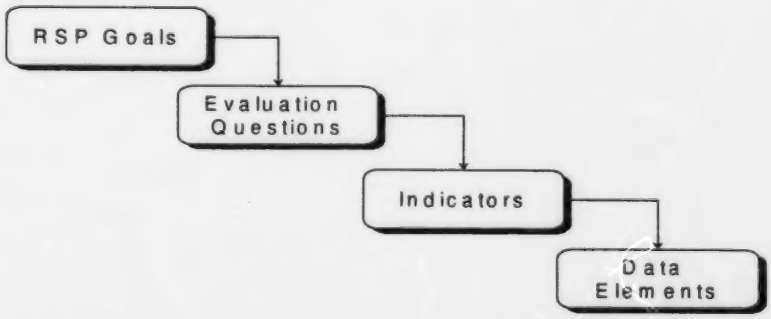
2.3 Short Term Goals of the Rehabilitation Services Plan

The following is a list of the short term goals to be accomplished during the initial implementation of the Rehabilitation Services Plan. Other long term strategies are identified in the Rehabilitation Services Plan.

1- Reasonable Access
2- Appropriate Client/Environment
3- Consistent Priorization
4- Coordinated Service Delivery
5- Emphasis on Outcomes

2.4 Approach to Defining Data Elements

Data elements were identified by using the step-by-step process illustrated below.



The first step involved the identification and selection of short-term operational goals. These goals were selected in consultation with the Operational Implementation Committee. Once the goals were established, the RSP Evaluation Work Group, in consultation with other DHCS stakeholders, worked to develop a series of evaluation questions [see Appendix A]. A set of indicators for each evaluation question was developed and from that came the specific data elements which are found on the Individual Tracking Form [see Appendix B] and on the RSP Group Tracking Form [see Appendix C] . A list of RSP Evaluation Work Group members is located in Appendix D.

2.5 Utilization of Monitoring Information

The monitoring system will consist of information collected from Outpatient Rehabilitation Services and the EMP Community Pools. Monthly reports will be generated to provide regular updates on the delivery of rehabilitation services across the province as well as in each Region Hospital Corporation. This information will be used to identify opportunities to improve the delivery of rehabilitation services during the initial implementation of the RSP across the province. This information will also be a useful indicator of the coordination between the two service delivery sectors (Outpatient Rehabilitation Services & the EMP Community Pool).

In addition, the monitoring information will be used to provide specific indicators of the following for both individual and group requests for service:

- Volume of clients receiving service from AUD, OT, PT & SLP
- Sources of requests for service
- Appropriate requests for service
- Referral patterns
- Type of intervention
- PRS Profiles* (client, service provider, wait time, length of service, summary of service completion)

(*Note: The PRS profile applies only to individual requests for service)

3.0 Overview of the RSP Monitoring System

3.1 Description of the Data Elements

The data elements are grouped into the following categories:

- Identifier Data
- Request for Service Data
- Service Priority Data (Individual Requests Only)
- Intervention Data
- Service Completion Data

A detailed description for each data element is found in the Data Dictionary in Appendix E.

3.2 Tracking Forms

Data will be entered into the RSP Monitoring System from the Individual Tracking Form as shown in Appendix B and the Group Tracking Form as shown in Appendix C.

3.3 Form Completion

The Individual & Group Tracking Forms will be completed by the Outpatient Rehabilitation Services and the EMP Community Pools. Each rehabilitation professional or designated individual will be responsible for the completion of a tracking form for each individual and group request for service. Data can be submitted manually or in an automated format.

3.3.1 Manual Submission

Completed paper forms are to be sent monthly by courier to the address below. A cover sheet will be designed to be submitted with each batch of data. This cover sheet should be faxed to the address below prior to sending the batch of data. This will assist central staff in recording data flow. Detailed instructions regarding this process will soon be available for distribution.

Forms are to be received by the DHCS within 15 days after the end of each month. Region Hospital Corporations who begin with manual data submission can move toward automated submission in the future. It is necessary to notify the DHCS three months in advance of moving to automated submission.

3.0 Overview of the RSP Monitoring System

3.3.2 Automated Submission

Data from the completed Individual & Group Tracking Form can be received from an electronic file submission from the RHC. The electronic file must conform to the DHCS file structure as outlined in Appendix F.

Manual or automated data are to be directed to the following address:

Data Administrator
c/o Program Support Services
Department of Health & Community Services
3rd Floor Carleton Place, PO Box 5100
520 King Street
Fredericton, N.B.
E3B 5G8
Tel: (506)453-3724

3.4 Guidelines for Late Data Submission

The monthly reports generated by the RSP Monitoring System are designed to report monthly totals as well as cumulative totals up to the end of the fiscal year.

Units/facilities are required to submit data monthly to provide an accurate picture of service delivered for that time period. Regions will be required to inform the DHCS Data Administrator in the event that monthly data submission will not be submitted within the 15 day time period from the end of the month. Should late data submission result, the DHCS Data Administrator must be informed as to when the data will be submitted.

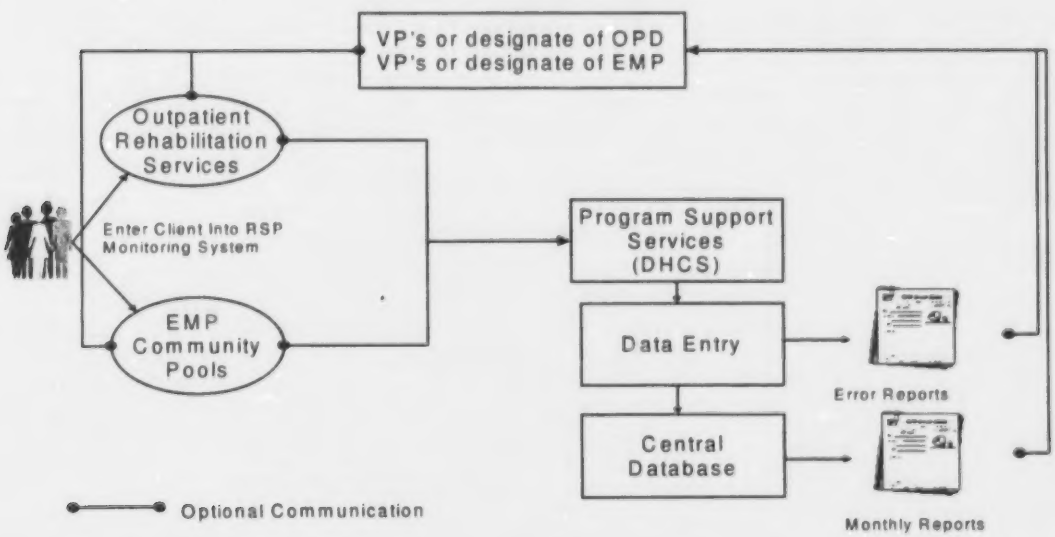
The DHCS will accept late data submissions for previous months up to one month after the fiscal year end. Monthly reports will not be updated after the deadline for submission.

4.0 Process for Data Collection & Submission

4.1 General Description of the Data Collection Process

Data from the Individual & Group Tracking Forms will be submitted at the end of each month to Program Support Services (PSS). Units and facilities can designate an individual who will be responsible for data submission. Manual data will be sent into PSS by courier. Manual and automated data will be accepted up to 15 days after the end of the month. Once the data are received, the batch will be recorded as received and will be sent for data entry. Once the data are entered, error reports will be generated to determine the quantity and nature of errors received. Should a consistent error pattern emerge where data are erroneous or missing, central staff will provide summary error reports to the VP or designate in the RHC. This report will not contain any specific identifier information. PSS may supply a report with identifier information to the unit/facility if further client specific investigation is required. This report would contain the client's last name, first initial and medicare number. This report would be considered confidential and would be sent directly to the manager of the unit/facility according to DHCS guidelines for confidential information. Once the data are considered 'clean', the data will be stored in the database and reports will be generated and disseminated monthly. The data flow process is illustrated in the following diagram.

4.2 Data Flow Diagram



4.0 Process for Data Collection & Submission

4.3 Data Flow Chart for the Individual Tracking Form

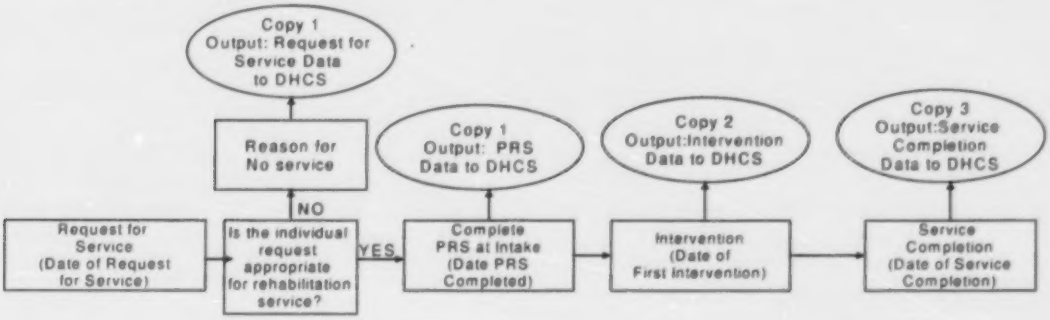
Data are collected at three points in time for each individual request for service:

Time 1: at the time the request for service has been accepted and the PRS score has been completed [Section 1 & 2 on form]
Or
at the time the request for service has not been accepted [Section 1 & 2 on form]

Time 2: at the time of the first intervention [Section 3 on form]

Time 3: at the time of service completion [Section 4 on form]

In order to facilitate this process, the Individual Tracking Form will be printed on a four part carbonless form with four different colors. Copy 1 will include section 1 and 2 on the form. This copy will be the first part of the form to be returned to the DHCS. Copy 2 will include the information describing the intervention. This copy will be the second copy to be returned to the DHCS. Copy 3 will include the information about service completion. This copy will be the final section to be sent to the DHCS. Copy 4 will remain at the unit/facility for auditing purposes for up to one year after the date of the request for service. The diagram below illustrates the data collection and submission process for the individual tracking form.


Copy 1 Output: Request for Service Data to DHCS
Reason for No service
Copy 1 Output: PRS Data to DHCS
Copy 2 Output:Intervention Data to DHCS
Copy 3 Output:Service Completion Data to DHCS
NO
Request for Service (Date of Request for Service)
Is the individual request appropriate for rehabilitation service?
YES
Complete PRS at Intake (Date PRS Completed)
Intervention (Date of First Intervention)
Service Completion (Date of Service Completion)

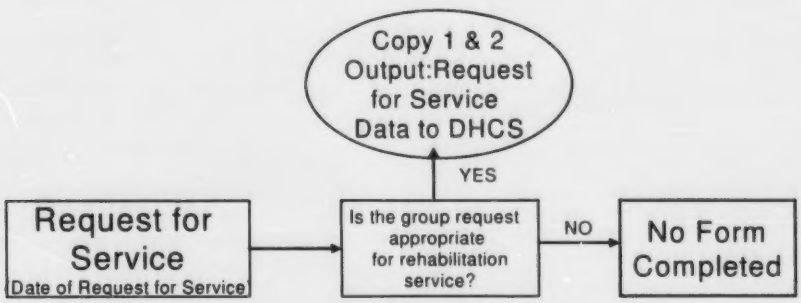
- Copy 1 - Complete Section 1 and 2 of Form; Send to DHCS
- Copy 2 - Complete Section 3 of Form; Send to DHCS
- Copy 3 - Complete Section 4 of Form; Send to DHCS
- Copy 4 - All Sections Complete; Form to Remain in Region

Note: Data to be submitted at the end of each month
DHCS = Department of Health & Community Services

4.0 Process for Data Collection & Submission

4.4 Data Flow Chart for the RSP Group Tracking Form

Data are collected only once from the Group Tracking Form. The Group Tracking form is to be completed at the time the request for service is accepted. The Group Tracking Form will be printed on a two copy carbonless form in two colors. Copy 1 of the completed form is to be sent to the DHCS and Copy 2 of the form will remain in the unit/facility for up to one year after the date of request for service.



- Copy 1 - Complete All Sections on Form; Send to DHCS
- Copy 2 - All Sections Completed; Form to Remain in Region

Note: Data to be submitted at the end of each month
Group Request = Not specific to an individual

4.0 Process for Data Collection & Submission

4.5 Guidelines for Integrating Previous Cases

As the new monitoring system is initiated, it is necessary to establish guidelines for integrating cases that existed prior to the use of the PRS. Previous cases are defined as those cases, either current cases or cases waiting for intervention, that were accepted for service prior to the use of the PRS.

The following table presents the guidelines for entering the following cases into the monitoring system.

Case Description	PRS Completed?	Which Tracking Form?	When to Complete Tracking Form?	What Sections of Tracking Form to Complete?
Previous Caseload+	NO	Individual Tracking Form	At first contact with client between training** and April 1st, 1998	Section 1 to 3
			All remaining clients from previous caseload between April 1-30, 1998	Section 1 to 3
Clients taken off Previous Wait List++	NO	Individual Tracking Form	At first intervention with client between training** and April 1, 1998	Section 1 to 3
Clients remaining on previous wait list as of April 1, 1998	YES		At the time the PRS is completed between April 1, 1998 - June 30, 1998	Section 1 & 2
New* Individual Request for Service	YES	Individual Tracking Form	After request is accepted and PRS is complete **or** after request is not accepted	Section 1 & 2
			At the time of first intervention	Section 3
			At the time of service completion	Section 4

* New = Request for service received after PRS Training is complete in each unit/facility
** Training=PRS & Monitoring Training
\+ Previous Caseload - refers to caseload established prior to PRS training
++ Previous Wait List - refers to wait list established prior to PRS training; includes clients who are waiting to receive rehabilitation intervention

4.0 Process for Data Collection & Submission

The following sections provide detailed explanations for integrating previous cases.

4.5.1 Previous Caseload*

Once PRS & Monitoring training is complete in each unit/facility, rehabilitation professionals will enter clients from the previous caseload into the monitoring system at first contact with the client between training and April 1, 1998. Section 1-3 will be completed on the individual tracking form. The PRS will NOT be completed for these clients.

After April 1, 1998, all remaining clients on the previous caseload who have not been seen will be entered into the monitoring system by April 30, 1998. Section 1-3 will be completed on the individual tracking form. The PRS will NOT be completed for these clients.

**Previous caseload refers to those clients who were receiving service prior to PRS training in the Region*

Previous Caseload

(Caseload that existed prior to PRS training)

Previous Caseload
Prior to PRS Training

PRS Training &
Monitoring Training
By Nov.28

1-Enter the previous caseload into the monitoring system at first intervention after monitoring training is complete in each unit/facility; A PRS score is not required for these clients

2-Enter all remaining clients from the previous caseload into the monitoring system between **April 1 - April 30, 1998**; A PRS score is not required for these clients

4.0 Process for Data Collection & Submission

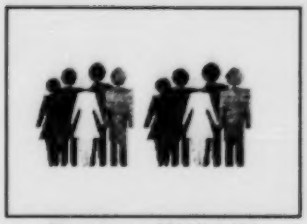
4.5.2 Previous Wait List*

Clients Removed from Previous Wait List prior to April 1, 1998: Clients who are removed from the previous wait list prior to April 1, 1998 will be entered into the monitoring system at the time of the first intervention. Sections 1-3 will be completed on the individual tracking form. The PRS will NOT be completed for these clients.

Client Remaining on the Previous Wait List as of April 1, 1998: All clients who still remain on the previous wait list will be priorized using the PRS and will be entered into the RSP monitoring system beginning on April 1, 1998. Sections 1-2 would be completed on the individual tracking form. Rehabilitation professionals will have until June 30th, 1998 to priorize and enter all clients from the previous wait list into the monitoring system. The PRS will be completed for these clients.

**Previous wait list refers to clients who were put on a wait list for rehabilitation intervention prior to PRS training in the Region.*

Previous Wait List
(Wait list that existed prior to PRS training)



Previous Wait List
Prior to PRS Training

PRS Training & Monitoring Training By Nov. 28th

1-Clients removed from the previous wait list between monitoring training and April 1, 1998 will be entered into the monitoring system at the time of the first intervention. A PRS score is not required for these clients.

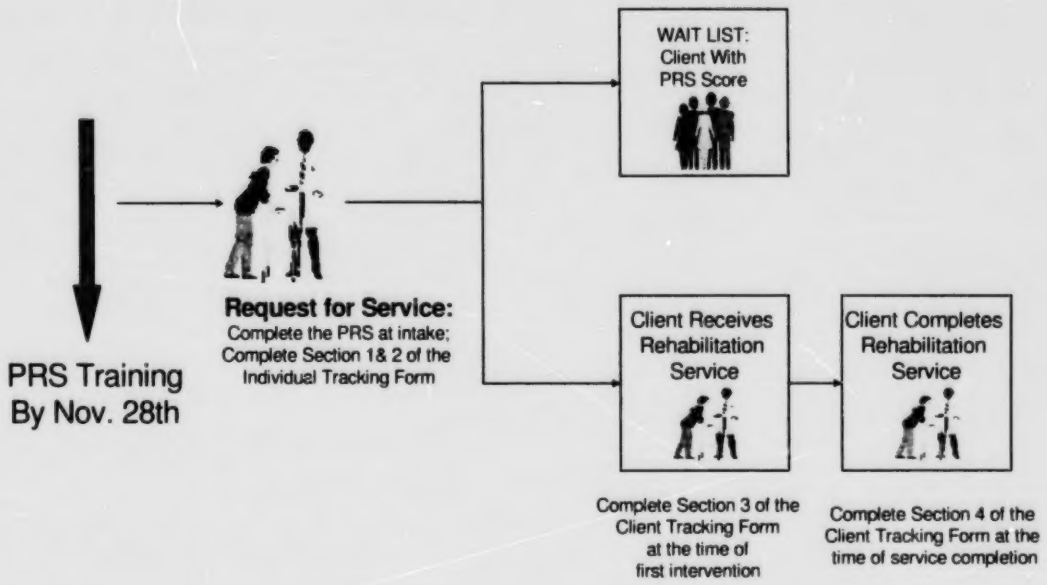
2-After **April 1, 1998**, all clients who remaining on the previous wait list will be priorized using the PRS and will be entered into the monitoring system by **June 30, 1998**

4.0 Process for Data Collection & Submission

4.5.3 New Requests for Service for Individuals

All new requests for service for individuals will be priorized using the PRS and will be entered into the RSP Monitoring System after the rehabilitation professional has completed the PRS training in their Region. The rehabilitation professional will complete the appropriate section of the individual tracking form as outlined in the diagram below.

New Requests for Service for Individuals



4.0 Process for Data Collection & Submission

4.5.4 New Group Requests for Service

All new group requests for service will be entered into the RSP Monitoring System after PRS training is complete. Group requests will be processed in the same way as individual requests for service however, the tracking form will only be completed once at the time of the request for service. All sections on the form would be completed at this time. Requests for service for groups will not be priorized using the PRS.

New Requests for Service for Groups

PRS Training
By Nov. 28th

Request for Service for Group:
Complete the RSP
Group Tracking Form

5.0 Process for Data Reporting

5.1 Standardized Monthly Reports

Two types of standardized reports will be generated to reflect both monthly and cumulative totals. These standardized reports will report Provincial data as well as Regional data. A short description of these reports is listed below. See Appendix G and H for draft samples of the standardized reports.

5.1.1 Provincial Reports

The standardized provincial reports are designed to be reviewed monthly by DHCS staff. These reports will provide information on the following:

- Volume of clients receiving service from AUD, OT, PT & SLP
- Sources of requests for service
- Appropriate requests for service
- Referral patterns
- Type of intervention
- PRS Profiles* (client, service provider, wait time, length of service, summary of service completion)

(*Note: The PRS profile applies only to individual requests for service)

5.1.2 Regional Reports

The standardized regional reports will contain data specific to the Region, facility or unit and discipline.

5.2 Error Reports

It is anticipated that errors in data collection and submission will occur during the initial implementation of the monitoring system. Error reports will be generated to identify any difficulties encountered with data collection or submission.

Two types of error reports will be generated by the DHCS:

- Summary Error Report
- Client Specific Error Report

5.0 Process for Data Reporting

The first type of error report will be a summary error report generated each month. This report will summarize the quantity and nature of errors in each Region. This report will be reviewed regularly by DHCS staff. Should there be a consistent error pattern detected, requests will be sent to the VP or designate in the Region affected to investigate the errors reported. The second type of error report would be generated on an as needed basis to facilitate the search for errors. This error report will contain identifier information and will be forwarded directly to the individual responsible for operations of the rehabilitation service.

6.0 Questions & Answers

6.1 Question/Answer

Who will fill out the form?
Each unit or facility will decide who will be responsible for completing the Individual & Group Tracking Forms.

Who will send in the data?
Individual(s) designated by the unit/facility.

How often will data be submitted to the DHCS?
Data submission to the DHCS is required at the end of each month. Units/facilities will have up to fifteen days to courier paper or send electronic data submissions to the DHCS.

What is the process for electronic data submission?
Units/facilities will send completed paper forms to a central regional location at the end of each month. The paper copies would then be converted to an electronic format unless each unit/facility has electronic data entry at each site. The central regional location would then be responsible to submit the electronic data to the DHCS within 15 days of the end of each month.

Will the DHCS accept late data?
Data will be collected for each month during the fiscal year. Data for a particular fiscal year will be accepted up to one month after fiscal year end. Reports will not be updated after this deadline for submission [see Section 3.4 for more details].

What will be the course of action if errors are identified or if data are not received by the DHCS?
Monthly error reports will be generated to identify errors in reporting or missing data. Central DHCS staff will regularly review these reports and will contact the Region VP or designate if a significant error is consistently identified. The region VP or designate may be required to contact the facility or unit to correct errors.

How often will reports be produced?
Monthly.

Who will receive copies of the monthly reports?
Staff from the DHCS will review provincial data. VP's or designates of the Extra-Mural Program Community Pool and Outpatient Rehabilitation Services will review regional data.

6.0 Questions & Answers

Will the reports present cumulative totals as well as monthly totals?
Yes. Cumulative totals will appear for the current fiscal year period.

When will the first reports be ready?
The first reports are expected to cover data collected in December of 1997. This report will be disseminated by February 1998.

If a request for service for groups comes in to the hospital from the community and service is provided by a rehabilitation professional who generally provides an inpatient service, does this rehabilitation professional complete the group tracking form?

Yes. This is considered an out patient service regardless of who provides the service.

If a request for service for groups is directed to outpatient serves from inpatient hospital staff and the service is provided by a rehabilitation professional who provides outpatient services, does this rehabilitation professional complete the group tracking form?

No. This is considered inpatient services which is not being tracked at this time.

Will the RSP Individual Tracking Form become part of the client's permanent Health Record?

No. The Individual Tracking Form will not be kept as part of the permanent health record. A Hospital Bulletin will be issued to address this issue.

How long should the Individual & Group Tracking Forms be kept in the Region?

The RSP Individual & Group Tracking Forms should be kept by the unit/facility for one year after the date of request for service. These forms may be required to identify errors in reporting. A Hospital Bulletin will be issued to address this issue.

6.0 Questions & Answers

When will the data collection for the RSP Monitoring System begin?

Data collection for the RSP Monitoring System will begin as soon as PRS training and the monitoring training is complete in each unit/facility. It is likely that most units/facilities will begin to enter cases into the monitoring system in October 1997. All PRS and monitoring training must be completed in the Province by Nov. 28th, 1997; Each rehabilitation professional will begin to use the PRS and monitoring system after training is complete in each unit/facility.

Will there be regional training provided for use of the RSP Individual & Group Tracking Form?

Yes.

7.0 Conclusion

7.1 Future Possibilities

As indicated at the beginning of this document, the RSP Monitoring System is designed to provide opportunities to improve the delivery of rehabilitation services during the initial implementation of the Rehabilitation Services Plan. This system contains the core data elements necessary to accomplish this goal. It is possible that this data set will evolve in time to include a more comprehensive set of data elements, such as standardized clinical outcomes, which have been proposed in the CIHI Rehabilitation Minimum Data Set.

Appendix A

RSP Evaluation Questions

RSP Evaluation Questions

RSP Goal	Evaluation Question	Data Elements
Appropriate Client/ Environment	For individuals who did not receive service, what was the reason for no service? Source of referrals? Is there a difference in referral practices by region?	Request for Service Data
Coordinated service delivery	To what extent are rehabilitation services coordinated between the OPD and EMP Pool?	Cross-referrals (Refer out/Refer in)
Consistent Priorization	To what extent is the PRS score being used?	Service Priority Data
Reasonable Access	What is the mean time between date of referral, date of PRS completion, and date of intervention by PRS level, region and sector? What is the priority level of individuals who receive rehabilitation services?	Intervention Data
Client Goal Achievement	To what extent are expected outcomes achieved for individual clients?	Service Completion Data

Appendix B

RSP Individual Tracking Form

New Brunswick
Health and Community Services

Instance ID #: _____

Rehabilitation Services Plan (RSP) Individual Tracking Form

SECTION 1: IDENTIFIER

Last Name: _____ First Initial: _____

NB Medicare #: _____
☐ Not available: ☐ Application in Progress
☐ Out of Province medicare number
↳ _____

Birth Date: _____ (YYYY MM DD) Gender: 1☐ Male 2☐ Female

RHC: ☐ Facility ID #: ☐☐☐

Usual Place of Residence: 1☐ Home 2☐ Nursing Home 3☐ Special Care Home 4☐ Other *(specify)* _____

SECTION 2: REQUEST FOR SERVICE

Date of Request: YYYY MM DD

Sector Referred to: *(check one only)*
1☐ Out Patient Rehabilitation Services (OPD) 2☐ EMP Pool

Discipline Referred to: *(check one only)*
1☐ AUD 2☐ OT 3☐ PT 4☐ SLP

Source of Request: *(check one only)*
1☐ Physician 2☐ Rehabilitation Professional 3☐ Other Health Care Professional 4☐ Teacher 5☐ Self/Parent/Spouse 6☐ Other *(specify)* _____

Location of Request: *(check one only)*
1☐ Hospital In-Patient 2☐ Out-Patient Rehabilitation Services (OPD) 3☐ Doctor's Office 4☐ EMP 5☐ Tertiary Centre 6☐ Nursing Home 7☐ School 8☐ Family & Community Social Services (FCSS) 9☐ Public Health 10☐ Other *(specify)* _____

Will you be providing rehabilitation service: *(check one only)*
1☐ Yes
2☐ No ➡ Reason for no service: *(check one only)*
1☐ Rehabilitation services not required
2☐ Client refuses service
3☐ Client chooses private sector
4☐ Inappropriate service provider for intervention
↳ Referred/transferred to: *(check one only)* ➡ 1☐ EMP Pool 2☐ OPD 3☐ Hospital In-Patient 4☐ Tertiary Centre 5☐ Other EMP Service 6☐ Other *(specify)* _____

PRIORITY RATING SCALE:

PRS Score: ☐☐

PRS Completed by: *(check one only)*
1☐ AUD 2☐ OT 3☐ PT 4☐ SLP

Date PRS Completed: YYYY MM DD

SECTION 3: INTERVENTION

Provider Type: *(check one only)* 1☐ AUD 2☐ OT 3☐ PT 4☐ SLP

Date of First Intervention: YYYY MM DD

Type of Intervention: *(check one only)*
1☐ Education 2☐ Consultation 3☐ Treatment *(includes education and consultation)*

Location of Intervention: *(check all that apply)*
1☐ OPD 2☐ Home 3☐ Community Health Centre 4☐ Hospital Emergency Department 5☐ School 6☐ Workplace 7☐ Preschool/Daycare 8☐ Special Care Home 9☐ Nursing Home 10☐ Other *(specify)* _____

SECTION 4: SERVICE COMPLETION

Date of Service Completion: YYYY MM DD

Reason for Service Completion: *(check all that apply)*
1☐ Service goals met
2☐ Service goals partially met
3☐ Facility/Agency withdrew service
4☐ Client withdrew (against professional advice)
5☐ Client moved
6☐ Client deceased
7☐ Referred/transferred to other service ➡ 1☐ EMP Pool 2☐ OPD 3☐ Hospital In-Patient 4☐ Tertiary Center 5☐ Other EMP Service 6☐ Other _____
8☐ Other *(specify)* _____

NOTE: Form is NOT to be completed for LTC Assessments or Group Requests for Service

Distribution: Yellow, Pink, Green - DHCS White - Facility/Unit

DHCS (09/1997)
Disponible en français

Appendix C

RSP Group Tracking Form

Instance ID #: _____

New Brunswick
Health and
Community Services

Rehabilitation Services Plan (RSP)
Group Tracking Form

RHC:		Facility ID #:	

SECTION 1: REQUEST FOR SERVICE

Date of Request : YYYY MM DD

Sector Referred to: *(check one only)*

1 ☐ Out Patient Rehabilitation Services (OPD)

2 ☐ EMP Pool

Discipline Referred to: *(check all that apply)*

1 ☐ AUD

2 ☐ OT

3 ☐ PT

4 ☐ SLP

Source of Request : *(check one only)*

1 ☐ Out-Patient Rehabilitation Services (OPD)

2 ☐ Physician

3 ☐ Family and Community Social Services (FCSS)

4 ☐ Schools

5 ☐ Public Health

6 ☐ Nursing Home

7 ☐ EMP

8 ☐ Tertiary Centre

9 ☐ Non Profit Organization

10 ☐ For Profit Organization

11 ☐ Other *(specify)* _____

Will rehabilitation service be provided: *(check one only)*

1 ☐ Yes → Will service be ... 1 ☐ Ongoing 2 ☐ Short-Term

2 ☐ No

Population Receiving Service: *(check one only)*

1 ☐ Client Group

2 ☐ Staff Group

3 ☐ Other *(specify)* _____

Anticipated Type of Intervention: *(check one only)*

1 ☐ Education

2 ☐ Consultation

3 ☐ Treatment *(includes education and consultation)*

NOTE: Form is NOT to be completed for Individual Requests for Service
Group Request = NON INDIVIDUAL SPECIFIC REQUEST FOR SERVICE

DHCS (09/1997)

Distribution: Yellow - DHCS White - Facility/Unit

Disponible en français

Appendix D

RSP Evaluation Work Group Members

RSP Evaluation Work Group Members

Carmen McKell - Chairperson
Bernadette Thériault - EMP
Silvana Bosca - OPD
Margaret Christie - DHCS (Hospital Services)
Lily Fraser - DHCS (Planning & Evaluation)

DHCS Rehabilitation Plan Evaluation Steering Committee

James H. Carter
Bonny Hoyt-Hallett
Chairperson - Aline Saintonge

Appendix E

Data Dictionary

RSP Individual & Group Tracking Forms

Data Definitions for the RSP Individual Tracking Form

1. **Instance ID**

   The individual's unique eight digit identification number as assigned on a pre-printed form

2. **Region Hospital Corporation** [see Region codes in Appendix I]

   The region hospital corporation that the individual was referred to

3. **Facility ID#** [see Unit/Facility ID#'s in Appendix I]

   The physical location where the intake form is being completed; either an EMP unit or facility; the facility ID codes are listed in Appendix I.

4. **Individual's Last Name**

   Record the individual's last name. This is not to be entered into the RSP Monitoring System.

5. **Individual's First Initial**

   Record the individual's first initial. This is not to be entered into the RSP Monitoring System.

6. **NB Medicare Number**

   The individual's health insurance number as assigned by the province of New Brunswick

7. **Medicare Number Not Available**

   A check in this box indicates that a NB medicare number is not available for the individual

8. **Out of province medicare number**

   A check in this box indicates that the individual has an out of province medicare number. The out of province medicare number is to be entered into adjacent boxes.

9. **Application for NB Medicare card in progress**

This box is checked if the individual is in the process of applying for a NB medicare number

10. **Birth Date**

The individual's birth date in year, month and day order.

11. **Gender**

The individual's gender.

12. **Usual Place of Residence**

The individual's usual place of residence prior to admission.

13. **Date of Request**

The date recorded in year, month and day that the request for service was received by facility/unit.

14. **Sector Referred to**

The sector that received the referral

15. **Discipline Referred to**

The rehabilitation discipline to which the individual was referred to

16. **Source of Request**

The person from whom the individual was referred/transferred to the facility/unit.

17. **Location of Request**

If the client was referred by a physician, record the physical location from where the client has been referred from [e.g. hospital in-patients, outpatient rehabilitation services or from the doctor's office. If the client was referred by other sources than physician, record the referring agency that is working with the client at the time the request is initiated.

18. **Rehabilitation Service Provided**

An indication whether rehabilitation services will be provided for the individual by the rehabilitation professional completing the form.

19. **Reason for No Service**

A record of the reason for no service.

20. **Referred to**

The service to which the individual was referred/transferred to after screening

21. **PRS Score**

The individual's total score on the PRS

22. **PRS Completed by**

The rehabilitation discipline who completed and signed the PRS

23. **Date of PRS Completion**

The calendar date that the entire PRS was completed and scored by a rehabilitation professional

24. **Provider Type**

The specific rehabilitation discipline providing rehabilitation intervention to the individual

25. **Date of First Intervention**

The calendar date when the rehabilitation professional provides intervention to the client after the PRS is complete

This definition includes:

1- The first date that the individual receives advice, information or education from the rehabilitation professional and **is accepted onto the rehabilitation professional's caseload**.

2- The first date that the individual receives **one** intervention followed by service completion

This definition does **NOT** include:

1- The first date that the individual receives advice, information or education from the rehabilitation professional and **is placed on a wait list for future intervention.***

**The date of first intervention for this client would be the first date that the client is seen by a rehabilitation professional once they have been removed from the wait list.*

26. **Type of Intervention**

Record the main type of intervention provided or to be provided while the client is on your caseload.

Education: Following determination of need(s), the rehabilitation professional provides **general information** to individuals, caregivers, other service providers, support groups, other groups and the general public. Education enables clients to modify their lifestyle and/or environment in order to have increased control over health status or to promote improvement in functioning.

Consultation: Following determination of need(s), the rehabilitation professional provides **customized information or advice** which enables individuals, caregivers, other service providers, programs, facilities and community agencies to achieve their established goals or objectives. This approach can inform clients how to effectively contribute to rehabilitation outcomes, e.g., reduction or elimination of functional limitation.

Treatment: The rehabilitation professional may provide comprehensive assessment, planning and remediation. This may involve diagnostic measures, planning a rehabilitative process, use of specialized therapeutic techniques and/or the utilization of specialized equipment. This approach frequently involves direct, one-to-one interaction between the rehabilitation professional and the individual(s). Treatment often includes an educational or consultation component.

27. **Location of Intervention**

All locations where the intervention was provided by the rehabilitation professional completing the form

28. **Date of Service Completion**

The calendar date on which the individual was discharged from the facility/unit

29. **Reason for Service Completion**

All reasons for the individual's discharge from the facility/unit

30. **Referred to**

The service to which the individual was referred/transferred at the time of discharge from the service.

Data Definitions for the RSP Group Tracking Form

1. **Instance ID**

   The group's unique eight digit identification number as assigned on a pre-printed form

2. **Region Hospital Corporation** [see Appendix I for Region codes]

   The regional hospital corporation that the group was referred to

3. **Facility ID#** [see Appendix I for Unit/Facility ID#'s]

   The physical location where the intake form is being completed; either an EMP unit or facility; the facility ID codes are listed in Appendix I.

4. **Date of Request**

   The date recorded in year, month and day that the request for service was received by facility/unit.

5. **Sector Referred to**

   The sector that received the referral

6. **Discipline(s) Referred to**

   All rehabilitation discipline(s) to which the group was referred to; this can include more than one discipline

7. **Source of Request**

   The person or agency from whom the group was referred/transferred to the facility/unit.

8. **Rehabilitation Service Provided**

   An indication whether rehabilitation services will be provided for the group

9. **Population Receiving Service**

Staff group includes any group of paid service providers from locations such as nursing homes, schools, special care homes, Extra-Mural Program, Hospitals (inpatient & outpatient), Tertiary centres, Public Health, FCSS, homemakers, and any other paid staff involved in the delivery of rehabilitation services.

Client group includes any group of individuals who are not paid to provide or be involved in the delivery of rehabilitation services [e.g. group of NBTel employees, hockey team, golden age seniors group etc.]

Other includes any combination of staff and client group [e.g. nursing home staff and residents etc.]

10. **Anticipated Type of Intervention**

Record the main type of intervention to be provided while the client is on your caseload.

Education: Following determination of need(s), the rehabilitation professional provides **general information** to individuals, caregivers, other service providers, support groups, other groups and the general public. Education enables clients to modify their lifestyle and/or environment in order to have increased control over health status or to promote improvement in functioning.

Consultation: Following determination of need(s), the rehabilitation professional provides **customized information or advice** which enables individuals, caregivers, other service providers, programs, facilities and community agencies to achieve their established goals or objectives. This approach can inform clients how to effectively contribute to rehabilitation outcomes, e.g., reduction or elimination of functional limitation.

Treatment: The rehabilitation professional may provide comprehensive assessment, planning and remediation. This may involve diagnostic measures, planning a rehabilitative process, use of specialized therapeutic techniques and/or the utilization of specialized equipment. This approach frequently involves direct, one-to-one interaction between the rehabilitation professional and the individual(s). Treatment often includes an educational or consultation component.

Appendix F

Instructions for Electronic Data Submission

Electronic Data File Transfer

Naming Convention

RxRyymm1.dat

R - same for all regions

x - region number

Valid region numbers are:

1	Region 1 (Beausejour) Hospital Corporation
2	Region 2 Hospital Corporation
3	Region 3 Hospital Corporation
4	Region 4 Hospital Corporation
5	Region 5 Hospital Corporation
6	Region 6 Hospital Corporation
7	Region 7 Hospital Corporation
8	Region 1 (Southeast) Hospital Corporation

R - indicates file contains Rehab data

yy - calendar year of the submission

mm - month of the submission

1 - same for all regions (for internal use only)

How to send

Files will be sent via modems to DHCS monthly. Details will be provided upon request.

File Layout

Rehab Services Plan (RSP) data is collected at three points in time: after the Priority Rating Scale (PRS) score is completed, after the first intervention, and following discharge.

A file may contain data from more than one facility or unit. To separate and identify each facility / unit's ***detail*** data, a ***control record*** is used. One control record must exist for each facility / unit, and precede the detail records for that facility / unit. Should any part of the control record fail the edits defined below, than none of the detail records pertaining to the failed control record will be processed.

Detail records consist of two types: ***Individual*** and ***Group***. This corresponds to the two types of forms prepared for use in the field. Therefore, a file will contain a control record, client records, and group records for each facility reporting electronically.

Formatting: All Number fields are right justified and zero-filled.

All Character fields are left justified and padded with blanks.

All records are fixed-length at 162 bytes long.

Control record layout:

Field	Format	Domain
control rec identifier	Number(08)	'00000000'
facility / unit id	Number(09)	Valid facility id as assigned by DHCS
facility / unit flag	Number(01)	0 - Unit 1 - Facility
year	Number(4)	1997 and greater
submission month	Number(02)	1 - 12
submission record count	Number(09)	000000000 - 999999999 Count of all individual + all group records for the facility / unit.
	blank space(135)	

ex.

Sussex submits December's 1997 data with a total of 113 individual clients and 2 groups.

The control record would look like this :

00000000000000834019971200000115

Individual detail record layout:

Field	Format	Domain
Instance id	Number(08)	00000001-99999999
Facility / unit id	Number(09)	Valid facility id as assigned by DHCS
Facility / unit flag	Number(01)	0 - Unit 1 - Facility
Year	Number(04)	1997 and greater
Submission month	Number(02)	01-12
SECTION 1: IDENTIFIER		
Client Last name	Char(30)	
First Initial	Char(01)	
NB medicare number	Number(09)	000000000 - 999999999 must be valid NB medicare number. If this field is blank, then the NB Med. Not Available must have a value
Medicare not available	Number(01)	1 - Out of Province Medicare Number (include. # in field Out of Province Number 2 - Application for NB number in progress.
Out of province medicare number	Char (12)	Any valid medicare number from outside NB.
Birth date	Number(08)	YYYYMMDD
Gender	Number(01)	1 - Male 2 - Female

Usual Place of Residence	Number(02)	See List 2 below
SECTION 2: REQUEST FOR SERVICE		
Date of Request	Number(08)	YYYYMMDD
Sector Referred to	Number(02)	See list 3 below
Discipline Referred to	Number(02)	See list 4 below
Source of Request	Number(02)	See list 5 below
Location of Request	Number(02)	See list 5b below
Will rehabilitation service be provided	Number(01)	1 - Yes 2 - No
Reason for no service	Number(02)	If 'Will rehabilitation service be provided' = 2, then this field must have a value. See list 6 below
Referred to	Number(02)	If 'Reason for no service' = 04, then this field must have a value. See list 7 below
PRS Score	Number(03)	If 'Will rehabilitation service be provided' = 1, then this field must have a value. 0-99
PRS completed by	Number(02)	If PRS Score is completed, then this field must have a value. See list 4 below
Date PRS completed	Number(08)	If PRS Score is completed, then this field must have a value. YYYYMMDD
SECTION 3: INTERVENTION		
Provider type	Number(02)	See list 4 below
Date of First Intervention	Number(08)	YYYYMMDD
Type of Intervention	Number(02)	See list 8 below
Location of Intervention - OPD	Number(01)	0 - No 1 - Yes
Location of Intervention - Home	Number(01)	0 - No 1 - Yes
Location of Intervention - Community Health Centre	Number(01)	0 - No 1 - Yes

Location of Intervention - Hospital Emergency Department	Number(01)	0 - No 1 - Yes
Location of Intervention - School	Number(01)	0 - No 1 - Yes
Location of Intervention - Workplace	Number(01)	0 - No 1 - Yes
Location of Intervention - Preschool / Daycare	Number(01)	0 - No 1 - Yes
Location of Intervention - Special Care Home	Number(01)	0 - No 1 - Yes
Location of Intervention - Nursing Home	Number(01)	0 - No 1 - Yes
Location of Intervention - Other	Number(01)	0 - No 1 - Yes
SECTION 4: SERVICE COMPLETION		
Date of Service Completion	Number(08)	YYYYMMDD
Reason for Service Completion - service goals met	Number(01)	0 - No 1 - Yes
Reason for Service Completion - service goals partially met	Number(01)	0 - No 1 - Yes
Reason for Service Completion - facility / agency withdrew service	Number(01)	0 - No 1 - Yes
Reason for Service Completion - client withdrew (against professional advice)	Number(01)	0 - No 1 - Yes
Reason for Service Completion - client moved	Number(01)	0 - No 1 - Yes
Reason for Service Completion - client deceased	Number(01)	0 - No 1 - Yes

Reason for Service Completion - referred / transferred to other service	Number(01)	0 - No 1 - Yes If 1 then place appropriate value in 'referred / transferred to other service' below.
Reason for Service Completion - other	Number(01)	0 - No 1 - Yes
referred / transferred to other service	Number(02)	See list 7 below

Group Detail Record Layout:

Field	Format	Domain
Group record indicator	Char(01)	'G'
Instance id	Number(07)	0000001-9999999
Facility / unit id	Number(09)	Valid facility id as assigned by DHCS
Facility / unit flag	Number(01)	0 - Unit 1 - Facility
Year	Number(04)	1997 or greater
Submission month	Number(02)	1-12
	blank(64)	
Date of Request	Number(08)	YYYYMMDD
Sector Referred to	Number(02)	See list 3 below
Discipline Referred to - AUD	Number(01)	0 - No 1 - Yes
Discipline Referred to - OT	Number(01)	0 - No 1 - Yes
Source of Request	Number(02)	See list 9 below
Discipline Referred to - PT	Number(01)	0 - No 1 - Yes
Discipline Referred to - SLP	Number(01)	0 - No 1 - Yes
Will rehabilitation service be provided	Number(01)	0 - No ('Will service be...'must be set to 0) 1 - Yes ('Will service be...' must be set to 1 or 2)
Will service be ...	Number(02)	If 'Will rehabilitation service be provided' is 1, then this field must have one of the following values: 1 - Ongoing 2 - Short-Term Otherwise 0 - Rehabilitation service will not be provided
Service Population	Number(02)	1 - Client Group 2 - Staff Group 3 - Other
	blank(23)	
Anticipated Type of Intervention	Number(02)	1 - Education 2 - Consultation 3 - Treatment (includes education and consultation)
	blank space(28)	

Lists of Values

List 1 - Valid Facilities/Units

Health Region	Est Id	Name	Health Region	Est Id	Name
1	820	Moncton (The)	3	531	Doaktown
1	826	Sackville	3	3732	Fredericton Junction Nursing Home
1	838	Albert	3	3738	Stanley Nursing Home
1	845	Ste. Anne de Kent	3	3769	Queen's North Nursing Home
1	848	Moncton (Dumont)	3	3736	McAdam Nursing Home
1	535	Petitcodiac	3	731	Woodstock EMP
1	544	Rexton	3	732	Perth Andover EMP
1	545	Shediac	3	733	Fredericton EMP
1	781	Driscoll EMP	3	734	Oromocto EMP
1	782	Tantramar EMP	3	735	Harvey EMP
1	711	Blanche Bourgeois EMP	3	736	Boistown EMP
1	712	Shediac EMP	3	737	Minto EMP
1	713	Ste. Anne de Kent EMP	4	809	Edmundston
2	803	Black's Harbour	4	832	St Quentin
2	815	Centracare	4	842	Grand Falls
2	816	Grand Manan	4	543	Ste. Anne-de-Madawaska
2	829	Saint John (SJRH)	4	741	Grand Falls EMP
2	830	West Saint John	4	742	Edmundston EMP
2	831	Saint John (St. Jos)	4	743	Kedgwick EMP
2	833	St Stephen	5	805	Campbellton
2	834	Sussex	5	808	Dalhousie
2	849	South Bay	5	811	Restigouche Hospital Centre
2	536	Campobello Island	5	542	East Restigouche
2	537	Deer Island	5	534	Jacquet River
2	2727	Sussex Nursing Home	5	751	Restigouche EMP
2	721	Saint John EMP	6	818	Lameque
2	722	St Stephen EMP	6	835	Tracadie
2	723	East Charlotte County EMP	6	839	Bathurst
2	724	Islands EMP	6	841	Caraquet
2	725	Sussex EMP	6	539	Pointe Verte
2	726	Kennebecasis Valley EMP	6	547	Paquetville
3	801	Fredericton (DECH)	6	761	Bathurst EMP
3	812	Fredericton (SCCR)	6	762	Tracadie EMP
3	817	Harvey	6	763	Caraquet EMP
3	819	Minto	6	764	Lameque EMP
3	823	Perth Andover	7	807	Chatham
3	824	Plaster Rock	7	822	Miramichi
3	828	Stanley	7	514	Neguac
3	836	Woodstock	7	540	Baie Ste. Anne

Health Region	Est Id	Name	Health Region	Est Id	Name
3	843	Bath	7	546	Rogersville
3	844	McAdam	7	520	Blackville
3	846	Oromocto	7	771	Miramichi EMP
3	532	Fredericton Junction	7	772	Neguac EMP
3	538	Chipman	7	773	Blackville EMP

List 2 - Place of Residence

Values

residence_cd	english_desc
1	Home
2	Nursing Home
3	Special Care Home
4	Other
99	Error Value

List 3 - Sector Referred To

Values

sector_cd	english_desc
1	Out-patient Rehabiliation Services (OPD)
2	EMP Pool
99	Error Value

List 4 - Provider Type

Values

provider_cd	english_desc
1	Audiology
2	Occupational Therapy
3	Physiotherapy
4	SLP
99	Error Value

List 5 - Source of Request

Values

source_cd	english_desc
1	Physician
2	Rehabilitation Professional
3	Other health care professional
4	Teacher
5	Self / Parent / Spouse
6	Other
99	Error Value

List 5b - Location of Request

Values

source_cd	english_desc
1	Hospital In-patient
2	Out-Patient Rehabilitation Services (OPD)
3	Doctor's Office
4	EMP
5	Tertiary Centre
6	Nursing Home
7	Schools
8	FCSS
9	Public Health
10	Other
99	Error Value

List 6 - Reason for Non-Admit

Values

reason_cd	english_desc
1	Rehabilitation services not required
2	Client refuses service
3	Client chooses private sector
4	Inappropriate service provider for intervention
99	Error Value

List 7 - Referral

Values

referral_cd	english_desc
1	EMP Pool
2	OPD
3	Hospital In-patient
4	Tertiary centre
5	Other EMP Service
6	Other
99	Error Value

List 8 - Intervention Type

Values

interv_cd	english_desc
1	Education
2	Consultation
3	Treatment (includes education and consultation)
99	Error Value

List 9 - Source of Request (Group Only) Values

Reason_cd	english_desc
1	Out-Patient Rehabilitation Services (OPD)
2	Physician
3	FCSS
4	Schools
5	Public Health
6	Nursing Home
7	EMP
8	Tertiary centre
9	Non profit organization
10	For profit organization
11	Other
99	error value

Appendix G

Sample Reports - Provincial

RSP Monitoring System - Sample Monthly Reports for Hospital Service Staff

No Service Provided:

	Region	Facility	Discipline	Prov.Avg.
# with no service provided				

Reason for No Service:

	Region	Facility	Discipline	Prov. Avg.
Rehab service not required				
Client refuses service				
Client chooses private				
Inappropriate location				

Requests for Service:

	Region	Facility	Discipline	Prov. Avg.
# of requests for service				

Source of Request for Service:

	Region	Facility	Discipline	Prov. Avg.
List of sources				

Referral Between Outpatient Rehabilitation Service and the EMP Community Pool:

Referred out at intake to:	Region	Facility	Discipline	Prov. Avg.
EMP Pool				
Physician for outpatient services				
Referred out at discharge to:				
EMP Pool				
Physician for outpatient services				

PRS Level:

PRS Level:	Region	Facility	Discipline	Time Between PRS Completion and First Intervention	Time between First Intervention and Discharge
High					
Medium					
Low					

Time Between Referral and PRS Completion: (Mean # of days)

	Region	Facility	Discipline	Prov. Avg.
Mean # of days				

Summary of Service Completion:

	PRS Level	Region	Facility	Discipline	Prov. Avg.
% with Goals met					
% with Goals Partially met					
% with Goals not met					

Appendix H

Sample Reports - Regional

RSP Monitoring System - Sample Monthly Reports for VP's

No Service Provided

	Region	Facility	Discipline
# with no service provided	%		

Reason for No Service:

	Region	Facility	Discipline
Rehab service not required			
Client refuses service			
Client chooses private			
Inappropriate location			

Requests for Service:

	Region	Facility	Discipline
# of requests for service			

Source of Request for Service:

	Region	Facility	Discipline
List of sources			

Referral Between Outpatient Rehabilitation Service and the EMP Community Pool:

Referred out at intake to:	Region	Facility	Discipline
EMP Pool			
Physician for outpatient services			
Referred out at discharge to:			
EMP Pool			
Physician for outpatient services			

PRS Level:

PRS Level:	Region	Facility	Discipline	Time Between PRS Completion and First Intervention	Time between First Intervention and Discharge
High					
Medium					
Low					

Time Between Referral and PRS Completion: (Mean # of days)

	Region	Facility	Discipline
Mean # of days			

Summary of Service Completion:

	PRS Level	Region	Facility	Discipline
% with Goals met				
% with Goals Partially met				
% with Goals not met				

Appendix I

Region Number

And Facility ID Codes

Valid Region Numbers

Region Number	Description
1	Region 1 (Beausejour) Hospital Corporation
2	Region 2 Hospital Corporation
3	Region 3 Hospital Corporation
4	Region 4 Hospital Corporation
5	Region 5 Hospital Corporation
6	Region 6 Hospital Corporation
7	Region 7 Hospital Corporation
8	Region 1 (Southeast) Hospital Corporation

Facilities & Units in Region 1(Beausejour) Hospital Corporation

Region Number	Facility Id	Name
1	545	Shediac
1	711	Bouctouche EMP
1	712	Shediac EMP
1	713	Kent EMP
1	845	Ste. Anne de Kent
1	848	Moncton (Dumont)

Facilities & Units in Region 1(Southeast) Hospital Corporation

Region Number	Facility Id	Name
8	535	Petitcodiac
8	544	Rexton
8	781	Driscoll EMP
8	782	Tantramar EMP
8	820	Moncton (The)
8	826	Sackville
8	838	Albert

Facilities & Units in Region 2 Hospital Corporation

Region Number	Facility Id	Name
2	101	Fundy Linen
2	536	Campobello Island
2	537	Deer Island
2	721	Saint John EMP
2	722	St Stephen EMP
2	723	East Charlotte County EMP
2	724	Islands EMP
2	725	Sussex EMP
2	726	Kennebecasis Valley EMP
2	803	Black's Harbour
2	815	Centracare
2	816	Grand Manan
2	829	Saint John (SJRH)
2	830	West Saint John
2	831	Saint John (St. Jos)
2	833	St Stephen
2	834	Sussex
2	849	South Bay

Facilities & Units in Region 3 Hospital Corporation

Region Number	Facility Id	Name
3	531	Doaktown
3	532	Fredericton Junction
3	538	Chipman
3	731	Woodstock EMP
3	732	Perth Andover EMP
3	733	Fredericton EMP
3	734	Oromocto EMP
3	735	Harvey EMP
3	736	Boistown EMP
3	737	Minto EMP
3	801	Fredericton (DECH)
3	812	Fredericton (SCCR)
3	817	Harvey
3	819	Minto
3	823	Perth Andover
3	824	Plaster Rock
3	828	Stanley
3	836	Woodstock
3	843	Bath
3	844	McAdam
3	846	Oromocto

Facilities & Units in Region 4 Hospital Corporation

Region Number	Facility Id	Name
4	543	Ste. Anne-de-Madawaska
4	741	Grand Falls EMP
4	742	Edmundston EMP
4	743	Kedgwick EMP
4	809	Edmundston
4	832	St Quentin
4	842	Grand Falls

Facilities & Units in Region 5 Hospital Corporation

Region Number	Facility Id	Name
5	534	Jacquet River
5	542	East Restigouche
5	751	Restigouche EMP
5	805	Campbellton
5	808	Dalhousie
5	811	Restigouche Hospital Centre

Facilities & Units in Region 6 Hospital Corporation

Region Number	Facility Id	Name
6	539	Pointe Verte
6	547	Paquetville
6	761	Bathurst EMP
6	762	Acadian Peninsula EMP
6	763	Caraquet Emp
6	764	Lameque EMP
6	818	Lameque
6	835	Tracadie
6	839	Bathurst
6	841	Caraquet

Facilities & Units in Region 7 Hospital Corporation

Region Number	Facility Id	Name
7	514	Neguac
7	520	Blackville
7	540	Baie Ste. Anne
7	546	Rogersville
7	771	Miramichi EMP
7	772	Neguac EMP
7	773	Blackville EMP
7	807	Chatham
7	822	Miramichi